## **Utah Oversize/Overweight or Temp IRP/Fuel Permits Application.** Fax completed application to 801-965-4399

Permit Effective Date:	Today's date:	
Company Information		
USDOT Number:		
Company Name:		
Mailing Address:		
City:	State:	Zip:
T		
Tractor Information		
Unit Number: VIN Number (F	full):	
Make: Year: Pla	te: State	e: Exp:
Parmit Type (Check one)	I and Description	(Not required for annual permit)
Permit Type (Check one).	Load Description	(Not required for annual permit)
□ Oversize		
☐ Overweight / Oversize	Permit Duration	Load Type
* □ IRP Single Unit		Loau Type
* □ IRP Combo Unit	☐ Single Trip	☐ Non-Divisible
* □ Special Fuel		(Oversize loads)
☐ Western Regional	☐ Semi Annual	☐ Divisible (Double or single trailers,
* No further info required except contact & payment info	☐ Annual	usually overweight.)
Gross Weight: • Non-	divisible overweight loads must	list axle spacing, weight, and width.
Dimensions (Overall Dimensions)  Length: Width: Height:	Rear O/hang:	Front O/hang:
(Mobile homes only) Box Width: Roadside		
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Routing (Exact address required)		
Origin:	Destination:	
Requested route:		
requested foute.		
Contact Information		<b>.</b>
Name: Phone	:	Fax:
Dormant Information (a	, , ,,,,	50/ 1
Payment Information (Credit card purchases are of	_	
	Expiration date:	
Account:	(Utah d	lirect account company's only)